

**North Carolina Department of Health and Human Services
North Carolina Immunization Branch
NORTH CAROLINA IMMUNIZATION REGISTRY
NCIR PHARMACY TRAINERS CONTACT LIST PER CHAIN/INDEPENDENT PHARMACY**

Please complete the contact information below and submit by email/fax to Nikki Barbour at (919) 870-4823 or ncir.pharmacists@dhhs.nc.gov

Chain/ Independent Pharmacy Name_____

Number of trainers per Chain/ Independent Pharmacy _____

Please list each individual trainer name, phone number, email address, mailing address, and the store numbers they are responsible for training for each chain/ independent pharmacy below:

Trainer Name	Phone Number	Email Address	Mailing Address	Number of stores you are responsible for training per rollout phase
1.				Phase 1: Phase 2: Phase 3: Phase 4:
2.				Phase 1: Phase 2: Phase 3: Phase 4:
3.				Phase 1: Phase 2: Phase 3: Phase 4:
4.				Phase 1: Phase 2: Phase 3: Phase 4:

5.				Phase 1: Phase 2: Phase 3: Phase 4:
6.				Phase 1: Phase 2: Phase 3: Phase 4:
7.				Phase 1: Phase 2: Phase 3: Phase 4:
8.				Phase 1: Phase 2: Phase 3: Phase 4:
9.				Phase 1: Phase 2: Phase 3: Phase 4:
10.				Phase 1: Phase 2: Phase 3: Phase 4:
11.				Phase 1: Phase 2: Phase 3: Phase 4:
12.				Phase 1: Phase 2: Phase 3: Phase 4: